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## BIB DATA SHEET

CONFIRMATION NO. 2669

<b>SERIAL NUMBER</b> 10/555,816	<b>FILING or 371(c) DATE</b> 11/07/2005 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 41052/321928	
<b>APPLICANTS</b> Robert Schegerin, Velizy Cedex, FRANCE; <b>** CONTINUING DATA *****</b> /AD/ This application is a 371 of PCT/FR04/01195 05/14/2004 <b>** FOREIGN APPLICATIONS *****</b> /AD/ FRANCE 03/05993 05/16/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/10/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /ANNETTE FREDRICKA DIXON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> JOHN S. PRATT, ESQ KILPATRICK STOCKTON, LLP 1100 PEACHTREE STREET ATLANTA, GA 30309 UNITED STATES					
<b>TITLE</b> Respirator mask with hygienic protection					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		